PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10822351

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FC	DR :		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	2.6 minus 20=		. <i>S</i> .			XS 9=		OR	X\$18=	108
IN	DEPENDENT C	LAIMS	€ mi	nus 3 =	· 3			X43=		OR	X86=	257
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				ام ا	+145=	- :-	OR	+290=	- 5.
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	in column 2		TOTAL		OR	TOTAL	1135
CLAIMS AS AMENDED - PART II							1			J	OTHER	THAN
(Column 1)			· (Colum			(Column 3)	1 .	SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		·X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	0: 1:11	-		X43=		OR	X86=	
_	FIRST PRESE	NTATION OF MI	JLI IPLE DEF	ENDENI	CLAIM	ليا		+145=		OR	+290=	
								TOTAL ADDIT, FEE			TOTAL ADDIT. FEE	
		•	ADDIT. PEE		• ′	ADDIT. FEE						
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	*	Minus	##		. =		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CL AINA	= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL DDIT. FEE		OR ,	TOTAL DDIT. FEE	•
				. •								
IENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	**		=	1 ├─	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145									OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									·	OR A	TOTAL DDIT. FEE	
		ber Previously Paid					foun	d in the appr	opriate box	in colu	mn 1.	